

Entered - 12/1/00 - sb
CL 00L0733 ALEXIS HOLMES

01-*R*-0164

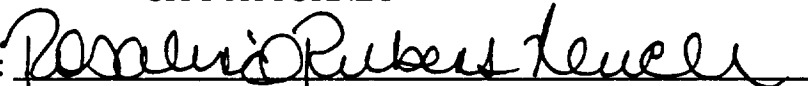
CLAIM OF: **MICKEY RUMPH**
575 Windsor Street
Apartment B 4
Atlanta, Georgia 30312

For damages alleged to have been sustained as a result of driving over an unsecured construction site on November 25, 2000 at the corner of Windsor and Fulton Streets.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **Mickey Rumph** the sum of **\$825.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character **for damages alleged to have been sustained as a result of driving over an unsecured construction site on November 25, 2000 at the corner of Windsor and Fulton Streets** as is more particularly set forth in the within claim; said sum taken from and charged to account 2J01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0733

Date: 1/13/00

Claimant /Victim MIKEY RUMPH

BY: (Atty) _____

Address: 575 Windsor Street, Apt. B4 Atlanta, Georgia 30312

Subrogation: _____ Claim for Property damage \$ 825.00 Bodily Injury \$ _____

Date of Notice: 11/29/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 11/25/00 Place: Windsor and Fulton Streets

Department Public Works Division: Sewer Operations

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant states that he sustained damages to his vehicle when he drove over an unmarked and unsecured construction site in the road.

INVESTIGATION:

Statements: City employee _____ Claimant X Other _____ Written X Oral _____

Pictures X Diagrams _____ Reports: Police X Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial X

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ 825.00 Adverse _____ Account charged: 1A01 _____ 2J01 X 2H01 _____

Claims Manager:  Concur/date 02-21-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date:

Dear Municipal Clerk:

ENTERED - 12-1-00 - SB
00L0733 - ALEXIS HOLMES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and /or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: November 25, 2000 2. Time of Incident: 10:30 AM 3. Police called: X
(month/day/year). Windsor Yes No

4. Location of incident (including street address): Corner Windsor / Fulton Street

5. Name of your insurance company: _____ Policy No. _____

6. State what and how incident occurred: Mickey driving up Windsor Street at a rate of 30mph when all of a sudden his car hit a ditch / large hole.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Cutler 81 577 332 Mickey Rumph
(Make) (Year) (Tag Number) (Driver's Name) 624 0753
City vehicle: Ford 7150 Kimbray, Pete (Night Supervisor) Highway / Public Safety
(Make) (City Driver's Name) (Department / Bureau)

9. Witness: [Signature] _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Mickey Rumph
Signature of Claimant

Micky Rumph

Mickey Rumph
(Print Claimant's Name)

575 Windsor Street Apt. B4
(Address)

Atlanta GA 30312
(City, State and Zip Code)

(404) 659-0274 (404) 588-0266
(Work Number) (Home Number)

01-R-0164